(101) Certification - Reporting Carrier FCC Form	690
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Announ	i by OMB
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	The Anna Lane
I OMBLO	trol No. 3060-1185
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<010>	Study Area Code	278007
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the less of my knowledge, the information reported on this form and in any attachments is accurate.				
larne of Reporting Carrier: Central Louisiana Cellular, LLC				
ignature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2018			
rinted name of Authorized Officer: Chad Strausbaugh				
itle or position of Authorized Officer:  Staff Counsel				
elephone number of Authorized Officer: 6105356474 ext.				
tudy Area Code of Reporting Carrier: 278007	Filing Due Date for this form: 07/02/2018			

Transfer of the state of the st	CC Form 690
(102) Certification - Agent / Carrier FC	,C roim 030
	pproved by OMB
A)	sproved by Givib
n n	MB Control No. 3060-1185
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Pa	age 8 of 8

<010>	Study Area Code	278007
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrier. I lso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
	rized to submit the reports for Mobility Fund recipients on behal arrier; and, to the best of my knowledge, the information report				
Name of Reporting Carrier:					
Name of Authorized Agent Firm:					
Signature of Authorized Agent or Employee of Agent:		Date:			
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agent					
Telephone number of Authorized Agent or Employee of Ag	ent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form o	an be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	134, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title			

# **Attachments**

#### (060) Coverage and Performance Report

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278007
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

 
 call>
 call>
 cbl>
 cb2>
 cb3>
 cc1>
 cc2>
 cc3>
 cd>
 Certify that Total Road Coverage and **Road Miles** Resident Total Resident Miles Performacne per Census Population Population **Road Miles** Resident covered per data is uploaded Block Newly per Census **Newly Reached** Reached by Census Block Population per (yes/no) by Service Reached Census Biock Census Block Service Block State County Rapides 0000 0 0.0 Yes 0.0 LΑ 0.0

> Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

0			

### FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

#### **Project Status Description**

Item: SAC 278007

County/State: Rapides, LA

Total Award Amount: \$229,284.00

#### **Project Description**

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility	Fund			FCC Form Approved by OMB
	- §54.1009 Annual Reporting			OMB 3060-1185
Data Co	lection Form		Avg. Burde	n Estimate per Respondent: 18 Hours
<010>	Study Area Code	278008		
<015>	Study Area Name	Central Louisiana Cellular, LLC		
<020>	Program Year	2018		Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 292018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
200000000000000000000000000000000000000			- M 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/I	<u>vi)</u> <040>	•
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No., 3060-1185 Page 2 of 8
<010>	Study Area Code		278008	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this		Chad Strausbaugh	-
<035>	Contact Telephone Number - Number of person identified	d in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified	d in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165583		
<111>	Filing Carrier Name	Central Louisiana C	ellular, LLC	
<112>	Winning Bidder Carrier Name	Central Louisiana C	ellular, LLC	
<113>	-	900 West Valley Roa	d, Suite 600	
<114>	City	Wayne		
<115>		PA		
<116>	<del>-</del>	19087		
<117>				
<118>	Fav Number	6105356474 ext.		
<119>	Email Address	6106885209		
<b>\113</b> >	Ettali Address	cstrausbaugh@cellon	nenation.com	
<pre>&lt;120&gt; &lt;121&gt; &lt;122&gt; &lt;122&gt; &lt;123&gt; &lt;124&gt; &lt;125&gt; &lt;126&gt; &lt;127&gt; &lt;126&gt; &lt;127&gt; &lt;128&gt;</pre>	Filing Carrier Name  Street Address (or PO Box)  City  State  Zip-Code  Telephone Number  Fax Number  6	Chad Strausbaugh Central Louisiana C SOO West Valley Roa Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellon	d Suite 600	
	ad Agent Information if no agent, indicate in this box  Name (First, MI, Last, Suffix)  Company  Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
	•			
<136>	Telephone Number			
<137>	Fax Number	· · · · · · · · · · · · · · · · · · ·		
<138>	Email Address			

(060) Coi	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	278008
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	
	278008_CPRd	_LA.zip

		Covera	ge and Performa	ace attachment	s					
			mana manana atau dalah da	, a -the matter 2 - monocity in	reference of the stade	pare la trava per la su Visida.	a Kun serana dare	di di san kan da sa sa sa	isa, il Janes Microsco	este Fingsvärktin.
<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>
	1		]				ţ	ļ		

Total Road Road Certify that Miles per Coverage and Road Miles Performance data Total Resident Miles Census covered Resident Block per is uploaded Population Population per Resident (Yes/no) Newly Reached Reached by Census Newly Census Population per Block Service Block Reached Census Block Census Block by Service County State -- See attached worksheet

	0	0
Percentage of Total Population Reached by Service	Percentage of To Road Miles cove by Service	

	FCC Form 690
(070) Urban Rate Comparability Certification Compliance	
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	278008
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	ertification of Officer or Em	ployee as to Compliance with 47 CFR §54.10	09(a)(4)		
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.					
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018		
Printed name of Authorized Officer:	Chad Strausbaugh				
Title or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	278008	Filing Due Date for this form: 07/02/201	8		

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

l certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the authorized agent; and, to the best of my knowledge, the rep	is authorized to submit the information reported on behalf of the reporting reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the ports and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	pe punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorized t	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
as agent for the reporting carrier, certify that I am authorized at a provided by the reporting carrier; and, to the best of my kn	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on nowledge, the information reported herein is accurate.
ame of Reporting Carrier:	
ame of Authorized Agent Firm:	
ignature of Authorized Agent or Employee of Agent:	Date:
ame of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Triba	Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278008	
<015>	Study Area Name		Central Louisiana Cellular, LLC	······································
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie	ed in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
<142> <143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docun	nent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select
		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	278008 Central Louisiana Cellular, LLC
<015>	Study Area Name	2018
<020>	Program Year  Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<030>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<035>	Contact Email Address - Email Address of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data into	
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	27500.00
<203>	Total Mobility Fund Support Disbursed	27060.00
<210>	Actual Completion Date	06/09/2015
12107	riccadi compilation data	
<211>	Project Status Description (attached)	278008_PSD_LA.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	ı
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<b>✓</b>
<213>	Status of Network Deployment - Construction	<del></del>
<214>	Status of Network Deployment - Deployment	<b>✓</b>
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<b>✓</b>
<217>	Project Plan Status	<b>/</b>
-24 Pr	Network will Support 3G/4G Mobile Service ?	3G <b>(</b> ) 4G
<218>	Mermork will anhhorr agit an informe activitie:	

(101) Certification - Reporting Carrier	FCC Form 690
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	OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	278008
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensurin test of my knowledge, the information reported on this form and in any attachments in	g the accuracy of the reporting requirements for Mobility Fund recipients; and, to the saccurate.
Name of Reporting Carrier: Central Louisiana Cellular, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2018
Printed name of Authorized Officer: Chad Strausbaugh	
Fitle or position of Authorized Officer: Staff Counsel	
Felephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 278008 F	iling Due Date for this form: 07/02/2018

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(102) Certification - Agent / Carrier	7121777
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Page	8 of 8

<010>	Study Area Code	278008
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrie Iso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Certification of Agent Au	thorized to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
I, as agent for the reporting carrier, certify that I am reported herein based on data provided by the repo	authorized to submit the reports for Mobility Fund recipients on beha ting carrier; and, to the best of my knowledge, the information report	If of the reporting carrier; I have provided the data ted herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of	Agent	
Telephone number of Authorized Agent or Employee	of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this	form can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	334, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

# **Attachments**

HACAL CAL	angenen and I	iarforman	ro Ronart
HUDUI CUI	serake anu r	CHIVITIGH	LC HENVIE
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<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

۲010s	Study Area Code	278008
	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

 
 Cal>
 Cal>
 Cbl>
 Cb2>
 Cb3>
 Ccl>
 Cc2>
 Cc3>
 Ccb>
 Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Population Population **Road Miles** per Census covered per Resident data is uploaded Reached by per Census **Block Newly** Census Block Newly Reached by Service Population per (yes/no) Reached Block Service Census Block Census Block County Rapides State 0000 Yes 0.0 0 0 0 0.0 0.0 LA

Percentage of
<b>Total Population</b>
Reached by
Service

0			
ļ			

Percentage of Total Road Miles covered by Service

0			

### FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

#### **Project Status Description**

Item: SAC 278008

County/State: Rapides, LA

Total Award Amount: \$27,500.00

#### **Project Description**

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility				Approved by OMB OMB 3060-1185
Phase 1	- §54.1009 Annual Reporting		Ave. Rurde	en Estimate per Respondent: 18 Hours
Data Col	lection Form		7146. DOTO	
<010>	Study Area Code	278017		
<015>	Study Area Name	Central Louisiana Cellular, LLC		Accepted / Filed
<020>	Program Year	2018		
<030>		Chad Strausbaugh		JUN 29 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Federal Communications Commissio Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
			_	_
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N)	<040>	$oldsymbol{\odot}$
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area con	ver tribal lands? Yes or No)	0	•

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form	e 1881 august 1892 1878 august 1883		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		278017	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified	d in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165583		
<111>	Filing Carrier Name	Central Louisiana C	ellular, LLC	
<112>		Central Louisiana C	······································	
<113>	_	900 West Valley Roa		
		Wayne		
<114>	-			
<115>	·	PA		
<116>		19087		
<117>	<u></u>	6105356474 ext.		
<118>	_	6106885209		
<119>	Email Address	cstrausbaugh@cellon	nenation.com	
<120> <121> <122> <122> <123> <124>	Filing Carrier Name Street Address (or PO Box) City	Chad Strausbaugh Central Louisiana C 900 West Valley Road Wayne		
		PA		
<125>		19087		
<126>	-	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellon	enation.com	
Authorize	ed Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
	_			
<137>	Fax Number	· · · · · · · · · · · · · · · · · · ·		
<138>	Email Address		<del></del>	

060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
Proceedings of Contract Contra	OMB Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	278017
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<:1>	<c2></c2>	<c3></c3>	; <d>-</d>
	State	County		Population per	Resident Population Newly Reached by Service	Population	Road Miles per Census Block		Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
					too ottoob	od workel	noot.			
				3	ee attach	<u>eu worksi</u>	ieet			
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		_	<b>.</b>							

Percentage of Total
Population Reached by
Service
Percentage of Total
Road Miles covered
by Service

<010>	Study Area Code	278017
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<030>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	ertification of Officer or Er	nployee as to Compliance with 47 CFR §54.1009(a)(4)				
ertify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this rm and in any attachments is accurate.						
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LI	SC				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018			
Printed name of Authorized Officer:	Chad Strausbaugh					
Title or position of Authorized Officer:	Staff Counsel					
Telephone number of Authorized Officer:	6105356474 ext.					
Study Area Code of Reporting Carrier:	278017	Filing Due Date for this form: 07/02/2018				

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier					
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting insibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the				
uthorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer or Employee:	Date:				
Printed name of Authorized Officer or Employee:					
Title or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:					
Study Area Code of Reporting Carrier: Filing	Due Date for this form:				
Persons willfully making false statements on this form can be punished by fine or forfeiture under Title 18 of the United S	under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment states Code, 18 U.S.C. § 1001.				

Certification of Agent Authoriz	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of n	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form ca	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(080) Trib	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278017	
<015>	Study Area Name		Central Louisiana Cellular, Li	LC
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif	fied in data line	<pre>&lt;&lt;030&gt; cstrausbauqh@cellonenation.com</pre>	<u> </u>
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attache	ed Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Tagovernment pursuant to § 54.1004 includes:	the attached	ble) for	
<146>	Needs assessment and deployment planning with a foc	us on Tribal	Select (Yes, No, Not Applicable)	
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
\_JZ/	compliance with this following the review processes		i I	

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

Approved by OMB Approved by OMB OMB Control No. 3060-1185 Page 6 of 8    Control No. 3060-1185   Page 6 of 8	
Contact No. 3060-1185	
Contact Name - Person USAC should contact regarding this data   Chad Strausbaugh	
Contact Name   Person USAC should contact regarding this data   Chad Strausbaugh	
<015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext. <036> Contact Email Address - Email Address of person identified in data line <030> catrausbaugh <200> Date Authorized to Receive Support <200> Date Authorized to Receive Support Awarded <201> Total Mobility Fund Support Awarded <202> Total Mobility Fund Support Disbursed <203> Total Mobility Fund Support Disbursed <210> Actual Completion Date <210> Actual Completion Date <211> Project Status Description (attached) Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to \$54.1005(b)(2)(v). The information shall be submitted as appropriate. <212> Status of Network Deployment - Network Design <213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment Deployment - Deployment Contact Name of PDF attached (A (A (A) (B)	
<ul> <li>&lt;020&gt; Program Year</li> <li>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</li> <li>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt; 6105356474 ext.</li> <li>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt; cstrausbaughscellonenation.com</li> <li>&lt;200&gt; Date Authorized to Receive Support</li> <li>&lt;201&gt; Targeted Completion Date</li> <li>&lt;202&gt; Total Mobility Fund Support Awarded</li> <li>&lt;203&gt; Total Mobility Fund Support Disbursed</li> <li>&lt;203&gt; Total Mobility Fund Support Disbursed</li> <li>&lt;210&gt; Actual Completion Date</li> <li>&lt;211&gt; Project Status Description (attached)</li> <li>&lt;211&gt; Project Status Description (attached)</li> <li>&lt;2120 Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.</li> <li>&lt;2120 Status of Network Deployment - Network Design</li> <li>&lt;213&gt; Status of Network Deployment - Construction</li> <li>&lt;214&gt; Status of Network Deployment - Deployment - Deployment</li> </ul>	
<ul> <li>&lt;020&gt; Program Year</li> <li>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</li> <li>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt; sios356474 ext.</li> <li>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt; cstrausbaugh&amp;cellonenation.com</li> <li>&lt;200&gt; Date Authorized to Receive Support</li> <li>&lt;201&gt; Targeted Completion Date</li> <li>&lt;202&gt; Total Mobility Fund Support Awarded</li> <li>&lt;203&gt; Total Mobility Fund Support Disbursed</li> <li>&lt;203&gt; Total Mobility Fund Support Disbursed</li> <li>&lt;210&gt; Actual Completion Date</li> <li>&lt;211&gt; Project Status Description (attached)</li> <li>&lt;211&gt; Project Status Description (attached)</li> <li>&lt;211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.</li> <li>&lt;212&gt; Status of Network Deployment - Network Design</li> <li>&lt;213&gt; Status of Network Deployment - Construction</li> <li>&lt;214&gt; Status of Network Deployment - Deployment</li> </ul>	
<035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext. <039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaughæcellonenation.com <200> Date Authorized to Receive Support <08/08/2013 <201> Targeted Completion Date <202> Total Mobility Fund Support Awarded <203> Total Mobility Fund Support Disbursed <204 Actual Completion Date <210> Actual Completion Date <211> Project Status Description (attached) Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. <212 Status of Network Deployment - Network Design <213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment  Description identified in data line <030> cstrausbaughæcellonenation.com <08/08/2013 (08/08/2013 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015 <09/09/2015<	<del></del>
Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com  Completion Date  Completion Date	
<200> Date Authorized to Receive Support <201> Targeted Completion Date <202> Total Mobility Fund Support Awarded <203> Total Mobility Fund Support Disbursed <203> Total Mobility Fund Support Disbursed <210> Actual Completion Date <211> Project Status Description (attached) Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. <212> Status of Network Deployment - Network Design <213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment	
<201> Targeted Completion Date <202> Total Mobility Fund Support Awarded 193640.54 <203> Total Mobility Fund Support Disbursed LBS159.08 <210> Actual Completion Date <211> Project Status Description (attached) Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. <212> Status of Network Deployment - Network Design <213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment	***
<201> Targeted Completion Date <202> Total Mobility Fund Support Awarded 193640.54 <203> Total Mobility Fund Support Disbursed LBS159.08 <210> Actual Completion Date <211> Project Status Description (attached) Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. <212> Status of Network Deployment - Network Design <213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment	
Total Mobility Fund Support Awarded 193640.54 Total Mobility Fund Support Disbursed 210> Actual Completion Date 77/23/2015 Project Status Description (attached) Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design 213> Status of Network Deployment - Construction Status of Network Deployment - Deployment	
<203> Total Mobility Fund Support Disbursed   <210> Actual Completion Date 07/23/2015   <211> Project Status Description (attached) 278017_PSD_LA.pdf   Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. <212> Status of Network Deployment - Network Design   <213> Status of Network Deployment - Construction ✓   <214> Status of Network Deployment - Deployment ✓	
<210> Actual Completion Date C211> Project Status Description (attached) Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. C212> Status of Network Deployment - Network Design C213> Status of Network Deployment - Construction C214> Status of Network Deployment - Deployment	
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Project Status Description (attached) Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment	
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Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.  <212> Status of Network Deployment - Network Design  <213> Status of Network Deployment - Construction  <314> Status of Network Deployment - Deployment	
Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.  <212> Status of Network Deployment - Network Design  <213> Status of Network Deployment - Construction  <314> Status of Network Deployment - Deployment	
211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.  <212> Status of Network Deployment - Network Design  <213> Status of Network Deployment - Construction  <214> Status of Network Deployment - Deployment	
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<212> Status of Network Deployment - Network Design <213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment	
<213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment	
<214> Status of Network Deployment - Deployment	
y i	
y	
<216> Project Budget Status	
<217> Project Plan Status	
<218> Network will Support 3G/4G Mobile Service?	

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8

<010>	Study Area Code	278017
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Central Louisiana Cellular, LLC				
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2018			
Printed name of Authorized Officer: Chad Strausbaugh				
Title or position of Authorized Officer: Staff Counsel				
Telephone number of Authorized Officer: 6105356474 ext.				
Study Area Code of Reporting Carrier: 278017	Filing Due Date for this form: 07/02/2018			

	A 600 March 1
FCC Form 690	
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(102) Certification - Agent / Carrier	W - 4 Ost 1 1
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Approved by OMB	A2.70 637
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OMB Control No. 3060-1185	12.00
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Page 8 of 8	111.14 Beech 1
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<010>	Study Area Code	278017
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier			
l, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
Signature of Authorized Agent or Employee of Agent:		Date:	
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of Ag	ent		
Telephone number of Authorized Agent or Employee of			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this for	rm can be punished by fine or forfeiture under the Communications Act of 1 18 of the United States Code, 18 U.S.C. § 1001.	934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title	

# **Attachments**

(060) Coverage and	Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278017
<015>		Central Louisiana Cellular, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>		08/2017 - 07/2018

Certify that **Total Road** Coverage and **Road Miles** Miles Resident Total Resident Performacne per Census Road Miles covered per Resident Population Population data is uploaded per Census Block Newly Census Block Population per **Newly Reached** Reached by (yes/no) Reached Census Block by Service Block Service Census Block State County Sabine 0000 Yes 0 0.0 0 0.0 0.0 LA

> Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

0		
İ		

### FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

#### **Project Status Description**

Item: SAC 278017

County/State: Sabine, LA

Total Award Amount: \$193,640.54

#### **Project Description**

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
				Approved by OMB
Mobility				OMB 3060-1185
Phase 1 ·	§54.1009 Annual Reporting		Avg. Burd	len Estimate per Respondent: 18 Hours
Data Coi	ection Form			
		278018		
<010>	Study Area Code	2,0010		
		Central Louisiana Cellular, LLC		Accepted / Filed
<015>	Study Area Name	CONCINCT DOCUMENTS		Accepten / Trios
		2018		•
<020>	Program Year			JUN 292018
	B UCAC should contact			JUN 2 3 ZO10
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		commission
	With questions about this data			Federal Communications Commission
	a			Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
	Number of the person lucitation in data into			
<039>	Contact Email:	cstrausbaugh@cellonenation.com		
1033	Email of the person identified in data line <030>			
			nas scaucius no 18177	
1-16 No. 24				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>v)</u> <040> <b>(</b> )	•
<b>\040</b> /	nas the information regarder			
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>	
	<041> Attach a description of the documents fil	Ca William Carrier Carrier	ĺ	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
		wite-tile-sid-2 Van on Not		
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	ver tribal lands? Yes or No)		

### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		278018	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi	ied in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ried in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165583		
<111>	Filing Carrier Name	Central Louisiana C	Cellular, LLC	
<112>	Winning Bidder Carrier Name	Central Louisiana C	Cellular, LLC	
<113>	Street Address (or PO Box)	900 West Valley Roa	ad, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number Email Address	6106885209		
<119>	Email Address	cstrausbaugh@cellor	nenation.com	
<120> <121>	if same as above, indicate in this box  Name (First, MI, Last, Suffix)  Filing Carrier Name	Chad Strausbaugh Central Louisiana C	Cellular, LLC	
<122>	Street Address (or PO Box)	900 West Valley Roa	ad Suite 600	_
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellor	nenation.com	
				-
Authorize	ed Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number	·		
<138>	Email Address			

(060) Cov	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1 Page 3 of 8	.185
<010>	Study Area Code	278018	
<015>	Study Area Name	Central Louisiana Cellular, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	·
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	278018_CPRd	_LA.zip	

Coverage and Performace attachments

Service

sident Mile on per by Cen	Road Miles per	es Cen	iles per ensus	Total Road Miles covered	Certify Covera
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by Service

	CORPORATION AND ARREST CONTRACTOR AND ARREST
TOUTH A Pub Common billion Contribution Committees FCC Form 690	
170) Urban Rate Comparability Certification Compliance FCC Form 690	
70 ( Orban Nate Company),	
Approved by OM	
OMB Control No.	2060-1185
ONE CHILD NO.	3003-1103
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Page 4 of 8	

<010>	Study Area Code	278018
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)						
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.						
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LI	c				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018			
Printed name of Authorized Officer:	Chad Strausbaugh					
Title or position of Authorized Officer:	Staff Counsel					
Telephone number of Authorized Officer:	6105356474 ext.					
Study Area Code of Reporting Carrier:	278018	Filing Due Date for this form: 07/02/2018				

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier  I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer or Employee:	Date:				
Printed name of Authorized Officer or Employee:					
Title or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form can be p	ounished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier  I, as agent for the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:	Date:			
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Ager				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

(080) Tribal	Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278018	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie	od in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data tine 1050s	cstrausbaugh@cellonenation.com	
<142>	State			<u></u>
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docu	iment (.pdf)	
	If your company serves Tribal lands, please select (Yes, each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the government pursuant to § 54.1004 includes:	the attached	or	
			Select	
<146>	Needs assessment and deployment planning with a fo community anchor institutions;		'es, No, Not Applicable)	
<147>	and the second second second			
<148>		-		
<149>	•	}-		
<150>	<ul> <li>Compliance with Land Use permitting requirements</li> </ul>			

Compliance with Facilities Siting rules

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

<151>

<152>

<153>

<154>

(090) Project	Update Information		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
-010s	Study Area Code		
<010> <015>	Study Area Code Study Area Name	278018	uisiana Cellular, LLC
<020>	Program Year	2018	arsiana cerrarar, and
<030>	Contact Name - Person USAC should contact regarding this data	Chad Straus	sbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474	ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>		the state of the s
	Contact Email Address Email Address of porcent delivered		
<200>	Date Authorized to Receive Support	08/08/	2013
<201>	Targeted Completion Date	08/09/	2015
<202>	Total Mobility Fund Support Awarded	359388	.00
<203>	Total Mobility Fund Support Disbursed	347456	1.32
		<u> </u>	
<210>	Actual Completion Date	06/23	/2015
<211>	Project Status Description (attached)	278018	8_PSD_LA.pdf
		{Name	e of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.		_
<212>	Status of Network Deployment - Network Design		
<213>	Status of Network Deployment - Construction	✓	_]
<214>	Status of Network Deployment - Deployment	<u> </u>	_
<215>	Status of Network Deployment - Maintenance		4
<216>	Project Budget Status		4
<217>	Project Plan Status		_
<218>	Network will Support 3G/4G Mobile Service ?	) 3G	O 4G

<010>	Study Area Code	278018
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporti cest of my knowledge, the information re	ng carrier; my responsibilities inclu ported on this form and in any atta	de ensuring the accuracy of the reporting requireme achments is accurate.	nts for Mobility Fund recipients; and, to the
Name of Reporting Carrier: Central	Louisiana Cellular, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	278018	Filing Due Date for this form: 07/02/2018	

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	278018
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<030>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier						
, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.						
Name of Reporting Carrier:						
Name of Authorized Agent Firm:	Name of Authorized Agent Firm:					
Signature of Authorized Agent or Employee of Agent:		Date:				
Name of Authorized Agent Employee:						
Title or position of Authorized Agent or Employee of Agent						
Telephone number of Authorized Agent or Employee of Ag	ent:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
Persons willfully making false statements on this form o	an be punished by fine or forfeiture under the Communications Act of 19	934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title				

## **Attachments**

22.20/4/	32/02/97/52/2016 (A. 1997)		
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	TO STATE OF THE ST	2.0010311111100	

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278018
<015>		Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1> <a2> <a3> <b1> <b2> <b2> <b3> <c1> <c2> <c2> <c3> <cd><cd><c3</p> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne per Census Population Population **Road Miles** covered per Resident data is uploaded Newly Reached by Service **Block Newly** Population per Reached by per Census **Census Block** (yes/no) Reached Census Block Service Block Census Block State County Vernon 0000 Yes 0.0 0.0 0.0 LΑ

> Percentage of Total Population Reached by Service

0		
•		

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

# FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

### **Project Status Description**

Item: SAC 278018

County/State: Vernon, LA

Total Award Amount: \$359,388.00

#### **Project Description**

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
	e			Approved by OMB
Mobility	Fund §54.1009 Annual Reporting			OMB 3060-1185
	lection Form		Avg. Burden Esti	mate per Respondent: 18 Hours
Data Col	lection Form			
<010>	Study Area Code	278019		
	Study Area Name	Central Louisiana Cellular, LLC		Accepted / Filed
<020>	Program Year	2018		JUN 2 9 2018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Office of the decreasy
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
T1000-1002707114				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y	<u>/N)</u> <040>	
	<041> Attach a description of the documents fi		<041>	
	<042> Cite the Study Area Code (SAC) for the F	orm 481 reporting	<042>	
<080	> Tribal Lands Reporting {y/n?} (Does this study area or	over tribal lands? Yes or No)	0 (	•)

### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	er Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
		2780		
<010>	Study Area Code		cal Louisiana Cellular, LLC	
<015>	Study Area Name	2018		
<020>	Program Year  Contact Name - Person USAC should contact regarding to		Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <030> 6105	356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030> cstr	ausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165583		
<111>	Filing Carrier Name	Central Louisiana Cellula	r, LLC	
	Winning Bidder Carrier Name	Central Louisiana Cellula		
<112>	Street Address (or PO Box)	900 West Valley Road, Sui		
<113>		Wayne		
<114>	City			
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellonenati	on.com	
<120> <121> <122> <123> <124> <125> <126> <127>	iformation if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	Chad Strausbauch Central Louisiana Cellula GOO West Valley Road Sur Wayne PA 19087 6105356474 ext. 6106885209	te 600	
<128>	Email Address	cstrausbaugh@cellonenati	on.com	
Authoriz <130> <131> <132>	ed Agent Information  if no agent, indicate in this box  Name (First, MI, Last, Suffix)  Company  Street Address (or PO Box)			
<133>				_
<134>				
<135>				
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

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(060) Coverage and Performance Report			
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			Page 3 of 8
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<010>	Study Area Code	278019
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	
	278019_CPRd	LA.zip

Coverage and Performace attachments	

<d>> <c1> <c2> <c3> <a2> <a3> <b1> <b2> <b2> <b3> <a1> <141> Total Certify that Road Road Coverage and Miles Road Miles per Performance data Total Resident | Miles Census covered Resident is uploaded Block Population per per Resident Population Newly Reached Reached by (Yes/no) Census Newly Census Population per Block Block Reached Census Block Census Block by Service Service State County -- \$ee attached worksheet

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Percentage of Total Population Reached by Service		Percentage of Total Road Miles covered by Service	

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(070) Urban Rate Comparability Certification Compliance FCC Form 690	20002-02-010-0-01000-1
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Page 4 of 8	が、 水体 バングイイア かいき ニャン

<010>	Study Area Code	278019
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
cal Louisiana Cellular, L	rc			
CERTIFIED ONLINE	Date 06/28/2018			
Chad Strausbaugh				
Staff Counsel				
6105356474 ext.				
278019	Filing Due Date for this form: 07/02/2018			
	the reporting carrier; my responsal Louisiana Cellular, L CERTIFIED ONLINE Chad Strausbaugh Staff Counsel	CERTIFIED ONLINE  Chad Strausbaugh  Staff Counsel  6105356474 ext.		

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
Leartify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
as agent for the reporting carrier, certify that I am authorized ata provided by the reporting carrier; and, to the best of my k	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on nowledge, the information reported herein is accurate.
ame of Reporting Carrier:	
ame of Authorized Agent Firm:	
gnature of Authorized Agent or Employee of Agent:	Date:
ame of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Tribal Lands Reporting			Appro OMB		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278019		
<015>	Study Area Name		Central Louisiana Ce	llular, LLC	
<020>	Program Year		2018		
<030>	Contact Name - Person USAC should contact regarding this dat	ta	Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identified in d		6105356474 ext.		
<039>	Contact Email Address - Email Address of person identified in c	data line <030>	cstrausbaugh@cellone	nation.com	
<142>	State				<del></del>
<143>	County				
12 10-					
<144>	Tribal Land(s) on which ETC Serves				
<145>	Tribal Government Engagement Obligation  Name	e of Attached Docur	nent (.pdf)		
	If your company serves Tribal lands, please select (Yes, No, No each of these boxes to confirm the status described on the att		r		
	PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:		Select		
<146>	Needs assessment and deployment planning with a focus on community anchor institutions;		s, No, Not Applicable)		
<147>	Feasibility and sustainability planning;				
<148>			Ì		
<149>					
		<u> </u>			
<150>	Compliance with Land Use permitting requirements		ı		

<151>

<152>

<153>

Compliance with Facilities Siting rules

Compliance with Environmental Review processes

<154> Compliance with Tribal Business and Licensing requirements.

Compliance with Cultural Preservation review processes

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	278019
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellohenatlon.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	141966.00
<203>	Total Mobility Fund Support Disbursed	138473.64
<210>	Actual Completion Date	07/02/2015
<211>	Project Status Description (attached)	278019_PSD_LA.pdf
	Country the etteched PDE on line	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<del></del>
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<del></del>
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	3G

Apr	C Form 690 proved by OMB
	MB Control No. 3060-1185 ge 7 of 8

<010>	Study Area Code	278019
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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	a			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Central Louisiana Cellular, LLC				
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2018			
Printed name of Authorized Officer: Chad Strausbaugh				
Title or position of Authorized Officer: Staff Counsel				
Telephone number of Authorized Officer: 6105356474 ext.				
Study Area Code of Reporting Carrier: 278019 Filing Due Date for	r this form: 07/02/2018			

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<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.			
Date:			
ling Due Date for this form:			

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier  I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
lame of Authorized Agent Firm:				
ignature of Authorized Agent or Employee of Agent:		Date:		
lame of Authorized Agent Employee:				
itle or position of Authorized Agent or Employee of Age	nt			
elephone number of Authorized Agent or Employee of A	Agent:			